

Washington Borough Recreation Tennis Clinic

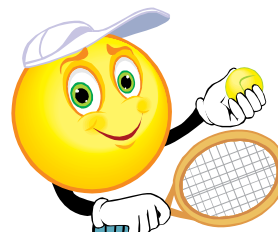
When: Monday July 27th through Friday July 31st: 9AM – 11 AM

Where: Warren Hills HS Tennis Courts (Washington Township)

Who: Boys and Girls ages 8-13

Cost: \$55 per child

Registration Deadline: July 24th!!!! *Now you can REGISTER ONLINE!*



www.washingtonboro-nj.gov/recreation

Clinic Highlights: **(WE ONLY HAVE ONLY 40 SPOTS!)**

- Grouped by grade/or ability to ensure fun and competitive atmosphere
- Fundamental & Individual skills in: Basic strokes, footwork, serving and overall knowledge of the sport
- Daily contests
- Free Clinic T-Shirt at completion
- Daily snacks and drinks provided
- Washington Borough Recreation will provide the tennis racquets but bring yours if you have one!

Children will be responsible for: Must have sneakers and a hat or visor

Make checks payable to: Washington Borough Recreation

Mail or drop off payments to: Washington Borough Recreation, 100 Belvidere Ave. Washington NJ 07882

-----**Complete below and mail/Drop Off with Payment**-----

Child's name: _____ Gender: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ **Phone:** _____

Emergency Phone: _____

Allergy/or Health Concerns: _____

Shirt Size – Check one - youth: (XS) _____ (S) _____ (M) _____ (L) _____ (XL) _____ (Adult S) _____ (Adult M) _____

Will your child be bringing his/her racquet (Y) _____ (N) _____

Liability Release: We assume all risks and hazards incidental to such participation arising out of any and all activities whether the result of negligence or any other cause except to the extent and in the amount covered by excess accident and/or liability insurance held by the local league. We do hereby waive, release, absolve, indemnify and agree to hold harmless the members of the Washington Boro Recreation Department, coaches, organizers, sponsors, participants and persons transporting us and/or our child to and from sponsored activities.

We agree to return the uniform and any equipment issued to us and/or our child in as good conditions as issued, except for normal wear and tear or agree to pay replacement costs before we and/or our child will be eligible for future participation in Boro sponsored activities

PARENT/GUARDIAN/PARTICIPANT PERMISSION: If I, or the emergency contacts cannot be reached by phone I DO give my permission for the coaches to call a doctor, send to the hospital or doctor's office in case of an emergency.

PARENT/GUARDIAN _____ DATE _____

Fee paid \$ _____ Check # _____ Received by: _____ Date: _____

Washington Borough Recreation Department 100 Belvidere Avenue; Washington, NJ 07882 www.washingtonboro-nj.org